

## 18.10 TELECOMMUTING APPLICATION

Name \_\_\_\_\_ Home Location \_\_\_\_\_  
Classification \_\_\_\_\_ Home Phone \_\_\_\_\_  
Office Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Office Location \_\_\_\_\_ Miles from office to home \_\_\_\_\_

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1. Briefly describe your current job responsibilities. *(Use additional sheets if necessary).*
2. Please read each of the following job characteristics and then rate each according to your current job requirements. If there is a high requirement for this aspect of your job, then mark an **X** in **High**. If it has little importance, mark an **X** in the **Low** column.

Job Requirements	High	Low
1. Ability to control and schedule work		
2. Clear and understandable work assignment objectives		
3. Work autonomy		
4. Concentration required		
5. PC or computer terminal work		
6. Amount of face-to-face contact required		
7. Amount of telephone communications required		
8. Amount of in-office reference material required		
9. Amount of data security required		

High ratings for items 1 - 5 and low ratings for items 6 - 9 indicate a likelihood that the job is compatible with a telecommuting arrangement.

3. Describe how your current job will be adapted to telecommuting.
4. How will telecommuting assist you in meeting the goals and needs of your work unit and the department, and benefit the State?
5. Considering the nature of your work, would you want to telecommute from home or another office close to your home?
- |                |            |                        |
|----------------|------------|------------------------|
| Home           | • Yes • No |                        |
| Another Office | • Yes • No | (If Yes, Where?) _____ |
6. How often would you want to telecommute? *(Circle only one)*
- (a) About once every 2 weeks
  - (b) About once a week
  - (c) Two days a week
  - (d) Three or four days a week
  - (e) Five days a week
  - (f) Occasionally for special projects
7. What kinds of work would you expect to do while telecommuting? *(Circle as many as apply and provide approximate percentage of time for each)*
- |  | Percentage of time |
|--|--------------------|
| (a) Writing                              | _____              |
| (b) Word processing                      | _____              |
| (c) Data management/computer programming | _____              |
| (d) Reading                              | _____              |
| (e) Talking on the phone                 | _____              |
| (f) Sending/receiving electronic mail    | _____              |
| (g) Field visits/meetings                | _____              |
| (h) Planning/organizing                  | _____              |
| (i) Administrative support work          | _____              |
| (j) Batch work                           | _____              |
| (k) Evaluation/research/analysis         | _____              |
| (l) Other <i>(please specify)</i>        | _____              |

8. Have you ever worked from home on a regular basis? • Yes • No  
If Yes, briefly describe.

9. If applicable, describe the work space in your home that you intend to dedicate to performing your work.

10. What equipment would you need to enable you to telecommute? (*Check all that apply*)

	Need	Currently Have
(a) Computer/terminal	_____	_____
(b) Printer	_____	_____
(c) Software	_____	_____
(d) Modem	_____	_____
(e) Additional phone line	_____	_____
(f) Office furniture	_____	_____
(g) Fax	_____	_____
(h) Photocopier	_____	_____
(i) Other ( <i>please specify</i> )	_____	_____
_____	_____	_____
_____	_____	_____

11. What distractions or obligations might make working at home difficult?  
What are your plans for handling these?

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

12. Supervisor's Comments:

Please provide your assessment of this employee's ability to telecommute, including the need for supervision and frequent feedback, organization and planning skills, level of self-discipline to complete work and potential problems if telecommuting.

Please provide an assessment of how this department and the State will benefit if this employee telecommutes.

• Approved • Denied

Conditions for approval: *(costs, equipment, core hours, etc.)*

Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Next Higher Authority's Signature \_\_\_\_\_

\_\_\_\_\_  
Date